

Foster Family Home - Corrective Action Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-9

96-137 B Waiawa Road

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 4/17/2020

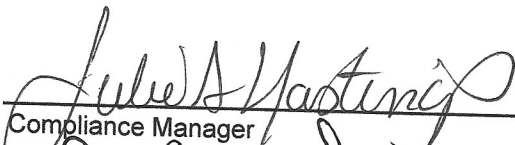
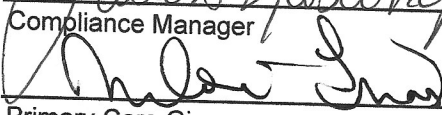
Foster Family Home Required Certificate [11-800-6]

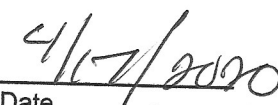
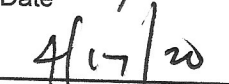
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 2 bed certification


Compliance Manager

Primary Care Giver


Date

Date